LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

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To Be	Filed	Ву:	
_	_	I ODBY	10-0

LOBBYISTS (Sec. 67-6619)

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EU	STATE OF IDAHO

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			dearly in black ink) s at bottom of page								
Lobbyi	st's name and	permanent busin			D	ate prepare	d		Period	covered	
Tim	Olson								1 1	month end	ding
		St., Ste. 21	0		ı		04/01/20	05			
	e ID 8370								(Mo.		(Yr.)
									03	31	2005
Item 1			de expenditures made o								yer.
	ategory of E sed Personal Liv	xpenditure ring and Travel	* Total Amount for	Proportionate as Item 3, at botto		nts contributed by each employer (Identify employers, under					
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		All Employers	Employer N				Employe	imployer No. 3		Employer No. 4	
	ainment		109.50			Zanpio		Zanproye	7 110. 5	Lampioy	4 110. 4
Food a	and Refreshr	ment	\$	\$	9.50	\$	0.00	\$		\$	
Living	Accommod	lations									
Adver	tising										
	_										
Travel											
Teleph	one		1								
- ·											
Other	Expenses or	Services						l ——			
		Total	s 109,50	s 109	9.50	\$	0.00	s	0.00	\$	0.00
	Allhan the num			an multiple 1 2 6		- Elad a but				antonial an Page	. 1
Item			you are reporting for requiriture of more than fifty				_			entered on rag	e t.
2	Date		Place		Amount					ficials in Grou	,
	Continued on	allached page(s)						P	OS7	ED	
		INST	RUCTIONS		Itet	D	Em	ployer(s) Nar	ne(s) and A	idress(es)	
	o should fil 6617 Idaho		ny lobbyist registered u	inder Section	No.1	Regenc 1211 W	e BlueSh Myrtle S	ield of ida t., Ste. 21	iho 0, Boise	ID 83702	
		e: Monthly repities of the past	oorts due within ten (10 month.) days of the				n of Healt oise ID 8			
TO BE FILED WITH: Ben Y sursa Secretary of State				No.3							
PO Box 83720 Boise, ID 83720-0080			No.4								

1tem		nditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or int mai property to any Legislator, or for or on behalf of any legislator.								
	Date		Amount		Name of Legislator Receiving or Benefited					
Item 5	Subject H	onal prop Date out matter ouse Bill, obbyist w	Amount Amount of proposed legislar Resolution or other as supporting or o	tion, the number of the Senate r legislative activity in which poposing.	f any logislator. Name of Legislator Receiving	DEJECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts,				
	talernes	t in accor		above is a true, complete and 67-5624 Idaho Code. Date	65-					